

Attitudes to the challenges of life among different occupation groups

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Aim: To determine the attitudes of some occupation groups towards challenges.

Materials and methods: In the present study, data were collected by administering the Fatih-Bursa Scale of Attitude to Challenges (F.B.-SATC) to various occupation groups. The participants were divided into 6 occupation groups: healthcare workers, educators, technical staff (engineers, architects, etc.), self-employed people, security staff (police offices, military staff), and housewives. Data were assessed with a F.B.-SATC scoring system measuring attitudes towards challenges. The scale has 5 factors: Thoughts about Challenges (TAC), Outlook on Life (OL), Problem Solving (PS), Targets and Ideals (AI), and Social State (SS) factors. The tool included 26 questions and is answered by a 5 point Likert-type rating scale.

Results: Four hundred and fifty-three individuals (205 male and 248 female) participated in the study. Average factor scores of housewives were lower than the scores of the other groups. High scores were shared by healthcare workers and security staff. In dual comparisons, healthcare workers had the highest score in TAC scores and they were significantly higher than educators and housewives ($P = 0.027$, $P < 0.001$, respectively). Their OL scores were significantly higher than educators ($P = 0.011$), security staff ($P = 0.003$), technical staff ($P = 0.003$), and housewives ($P < 0.001$).

Conclusion: The effect of the type of occupation on individuals' attitudes towards challenges varies. Precautions should be taken for some occupation groups; guidance should be provided and social studies should be performed.

Key words: Occupation groups, life, challenge, attitude

Değişik meşguliyet gruplarında yaşamın güçlüklerine karşı tutumlar

Amaç: Bu çalışmada, değişik meşguliyet gruplarında güçlüklerle karşı tutumları belirlemeyi amaçladık.

Yöntem ve gereç: Araştırma, Bursa'da değişik meşguliyet gruplarına daha önce geliştirilen Fatih-Bursa Güçlüklerle Karşı Tutum Ölçeği (F.B.-GKTÖ) verilerek uygulanmıştır. Bu gruplar: sağlıkçı, eğitimci, teknik (mühendis-mimar vb), serbest meşguliyet, emniyet (polis, asker) ve ev hanımı olmak üzere 6 meşguliyet grubundan oluşmuştur. Veriler, güçlüklerle karşı tutumları ölçen F.B.-GKTÖ skorlama sistemi ile değerlendirilmiştir. Ölçeğin 5 alt faktörü olup bunlar; Güçlükler Karşısında Düşünceler (GKD), Hayata Bakış (HB), Problem Çözme (PÇ), Hedef ve İdealler (HDFİ) ve Sosyal Durum (SD) faktörleridir. Ölçek, toplam 26 sorudan oluşmakta ve 5'li Likert tipi skorlama ile cevaplanmaktadır.

Bulgular: Çalışmaya 453 kişi (205 erkek, 248 kadın) katılmıştır. Genel olarak ev hanımlarının skorları diğer meşguliyet gruplarından daha düşük idi. Yüksek skorları sağlıkçılar ve emniyet mensupları paylaşmış idi. İkili karşılaştırmalarda, GKD skorlarında sağlıkçılar, en yüksek puana ulaştı ve eğitimci ile ev hanımlarına göre anlamlı yüksekliğe sahipti (Sırasıyla $P = 0,027$, $P < 0,001$). HB skorlarında da en yüksek puana sahiptiler. Bu konuda, eğitimci ($P = 0,011$), emniyet ($P = 0,003$), teknik ($P = 0,003$) ve ev hanımlarına ($P < 0,001$) karşı anlamlı yükseklik vardı.

Sonuç: Meşguliyetler, güçlüklerle karşı tutumları çeşitli şekillerde etkilemektedir. Değişik meşguliyet gruplarının güçlüklerle karşı tutumlarını ortaya koyan çalışmamız, bazı meşguliyet grupları ile ilgili çeşitli tedbirler alınmasını, rehberlik ve sosyal çalışmalar yapılması gerektiğini ortaya koymuştur.

Anahtar sözcükler: Meşguliyet grupları, yaşam, güçlük, tutum

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Introduction

Humans may experience various stresses throughout their lives and may be exposed to major or minor challenges inevitably. Stress develops as a consequence of some challenges and difficulties (1) and a person's ability to cope with a challenge depends on some sources (2) and their attitudes towards challenges (3).

Stress sources and the situations perceived by a person are various. It may be a serious disease, a natural catastrophe like an earthquake, or an economic event like unemployment.

Adaptation capacity develops as a consequence of mutual interaction between a person and the environment and, as a result, the person becomes more fragile or more flexible and compatible (4). The process of coping with various challenges and stress cognitively affects physiological responses (5). In adaptation to stress, the meaning of stress to the person and methods of coping are important (6).

A person's occupation takes an important place in his/her life. An occupation is not only a means for making money, it is also an important factor in the structuring of personality, opinion on the situations and the reaction to the events. View of life, ideals, and some personality properties are determined by occupation (7-9).

Among working conditions, working in shifts may lead to negative psychosocial effects. Working conditions and the risk of increasing natural stress depend on the various properties of each occupation. Low security is a factor increasing stress. Fear of making a mistake also increases stress. Overtime and the need for extra security result in cognitive exhaustion. The ambiguity of the limits of the duty and not being able to come to the desired position in the occupation also increase the level of anxiety. Excessive competition and the greed to make money that we see especially in self employment will lead to occupational stress. Retiring and leaving the work environment suddenly also lead to negative psychosocial effects, just as the work environment (10).

In biopsychosocial expansion, biological, psychological, and social factors are considered within a dynamic interaction with each other (11,12). The

sex and age of a person may also be evaluated among biological factors. We can consider the following social factors: family, school, work environment, occupation, social value, and social support.

In our study, we aimed to determine the effect of various occupation groups towards the challenges and the relations between the occupation and the attitudes towards challenges in the perspective of biopsychosocial approach. We used a scale of attitude towards challenges, which had been developed previously.

Materials and methods

This research was carried out within the scope of the evaluation of attitudes of people against the challenges of life project. After obtaining the approval of the Ethical Committee of the University, previously developed Fatih-Bursa Scale of Attitude to Challenges (F.B.-SATC) was administered to 453 individuals from various occupation groups in Bursa between January and March 2009 (consecutive patients who presented to different health centers, only the ones who volunteered). Written consent of people participating in the research was obtained along with their answers to the questionnaire. All participants were divided into groups according to their occupation. Six occupation groups were established: healthcare workers, educators, technical staff (engineers, architects, etc.), self employed people, security staff (police, soldiers), and housewives (13). An information form inquiring about the participants' age, occupation, and sex, and F.B.-SATC were given (Table 1).

Data were evaluated with a F.B.-SATC scoring system measuring the attitudes to challenges (Table 2). The F.B.-SATC was developed by Fatih University Faculty of Medicine, Department of Family Medicine and Bursa Ertuğrulgazi Family Practice Centre in Turkey in 2009. The scale has 5 subgroups: Thoughts about Challenges (TAC), Outlook on Life (OL), Problem Solving (PS), Aims and Ideals (AI), and Social State (SS) factors. The scale includes 26 questions and is answered by a 5 point Likert-type rating scale (I-I do not agree at all, II-I do not agree, III-I am indecisive, IV-I agree to a certain extent, and V-I absolutely agree). People are asked to choose

Table 1. Fatih-Bursa Scale of Attitude to Challenges.

THOUGHTS ABOUT CHALLENGES

- 6. Challenges adds color to life
- 9. I enjoy solving the problems of life
- 11. Encountering challenges develops personality
- 15. It is normal to encounter challenges in life
- 17. I try to find solutions calmly when I have problems
- 21. Challenges strengthen people
- 25. Challenges spice up life

OUTLOOK ON LIFE

- 3. Life is a heavy burden
- 8. Life is unbearable
- 14. I feel stress against a challenge
- 16. People are like a chain gang in life
- 20. People start their lives full and progress to depletion

PROBLEM SOLVING

- 1. I seek the help of another person when I encounter a problem that I cannot solve
- 7. I always get social support from my family
- 22. I pray to solve difficult problems
- 26. A man has to turn to the almighty when becomes helpless

AIMS AND IDEALS

- 2. A man should serve the community
- 4. Ideals adds life
- 12. My biggest ideal is to serve humanity
- 19. A person learns new things when encountering challenges
- 23. Serving humanity is not necessary

SOCIAL STATE

- 5. I am alone and by myself socially
- 10. I feel alone socially
- 13. I have nowhere to turn when I have problems
- 18. My circle of friends always supports me
- 24. I do not like my social environment

Not: When scoring question number 3, 5, 8,10,13,14,16, 20, 23, 24, their values will be subtracted from 6

the most appropriate option. Then each sentence is summed under the factor that it belongs to and an average factor score is determined. An evaluation is performed according to the previously determined percentile values. People scoring under 50 percentile points are considered to be below normal and it is assumed that they need psychosocial guidance.

In the present study, general Cronbach's alpha value of F.B.-SATC was found to be 0.834 (corrected 0.846). Accordingly, the reliability of the scale was considered to be high. Statistical analysis was conducted in SPSS for Windows. Average F.B.-SATC scores of the occupation groups were compared. First, the Kruskal Wallis test was applied in order to determine whether a general difference existed or not and then, for subgroup analysis of those with

a significant difference, Mann-Whitney U dual comparison test was applied. In order to see the effects of different factors on F.B.-SATC subgroups altogether, factorial ANCOVA was applied. P values lower than 0.05 were considered to be statistically significant (14-16).

Results

Four hundred and fifty-three individuals (205 male and 248 female) were included in the study. The mean age of the participants was 36.9 ± 9.3 years for males and 35.7 ± 11.5 years for females. Technical staff was the largest occupation group in our study. Security staff mostly consisted of men and healthcare occupations mostly consisted of women (Table 3).

Table 2. Fatih-Bursa attitude to challenges scoring table.

Question No		1- Thoughts Against Challenges	2- Outlook On Life	3- Pobleml Solving	4- Aim and Ideals	5- Social State
1						
2						
3	6					
4						
5	6					
6						
7						
8						
9						
10	6					
11						
12						
13	6					
14	6					
15						
16	6					
17						
18						
19						
20	6					
21						
22						
23	6					
24	6					
25						
26						
		Total Point				
		Average Point				
		Percentile				

Table 3. Occupation groups according to sex.

Sex	Occupation groups according to sex						Total
	Occupatuions						
	Healthcare Number (%)	Educationalist Number (%)	Security Number (%)	Self Emp. Number (%)	Technical Number (%)	Housewife Number (%)	
Male	31(15.1)	41(20)	51(24.9)	34(16.6)	48(23.4)	---	205
Female	66(26.6)	27(10.9)	9(3.6)	28(11.3)	61(24.6W)	57(23)	248
	97(21.4)	68(15)	60(13.2)	62(19.7)	109(24.1)	57(12.6)	453

We calculated the average factor scores for each occupation group (Table 4). In general, scores of housewives were lower than the scores of other groups. High scores were shared by healthcare workers and security staff.

Therefore, in order to make dual comparisons for factor averages among the groups, we used the Mann-Whitney U test. In dual comparisons, healthcare workers scored highest in TAC scores and they were significantly higher than educators and housewives ($P = 0.027$, $P < 0.001$, respectively). They also had the highest scores in OL. They had significantly higher scores than educators ($P = 0.011$), security staff ($P = 0.003$), technical staff ($P = 0.003$), and housewives ($P < 0.001$). Security staff had a significant superiority in PS and AI. In respect to SS, healthcare workers scored higher than the other groups; a significant increase was present compared to educators ($P < 0.001$), security staff ($P = 0.044$), self-employed people ($P = 0.013$), and housewives ($P < 0.001$).

In respect to PS and AI, security staff had a significant superiority. They had significantly higher scores than housewives ($P = 0.002$ and $P < 0.001$, respectively). In addition, they also had higher scores than educators in TAC ($P = 0.013$).

All scores of housewives were lower than all the other groups.

We planned to perform factorial ANOVA analysis in order to observe the other effects along with other factors. We aimed to observe the effects of sex and occupation together. When we considered them together, we saw that occupation factor was generally

very effective in many factors ($P < 0.001$). However, a slight relationship was detected for the problem solving factor ($P = 0.076$).

Discussion

Some studies reported that occupation affects people's personality and their view on life (17-20). In the present study, it was revealed that occupation factor affects the attitude to challenges and this effect is independent of sex. The effect occurs in different dimensions according to the occupation and triggers different cognitive mechanisms. We think that the present study is in line with previous studies.

Regarding the effects of stress on health, way of thinking, personality, and personal defense forms are to be considered (21). Various factors are present in coping with challenges and stress, namely personal control factor, preference and providing desired results, and the feeling of preventing unwanted results (22). In the present study, in regard to high scores, healthcare occupation and security staff stand out significantly. In both occupations, apart from other occupations, a shift system is present and at this point it may be thought at first that the conditions of encountering events are different than normal working conditions. It can be considered that, because of night shifts (i.e. being on duty), healthcare workers feel the pressure because of several factors, such as sleep and stress, and because sometimes they need to deal with an unusual number of patients, some of whom are problematic. Moreover, the increasing assaults by patients and/or patients' relatives on

Table 4. Multi-comparison of scale factor scores.

MULTI-COMPARISON OF SCALE FACTOR SCORES						
Profession	Number (%)	TAC Average \pm S.D.	OL Average \pm S.D.	PS Average \pm S.D.	AI Average \pm S.D.	SS Average \pm S.D.
Healthcare	97(21.4)	4.18 \pm 0.51	3.48 \pm 0.75	4 \pm 0.72	4.28 \pm 0.54	4.21 \pm 0.65
Educationalist	68(15)	3.91 \pm 0.73	3.21 \pm 0.69	3.93 \pm 0.84	4.22 \pm 0.63	3.75 \pm 0.79
Security	60(13.2)	4.15 \pm 0.86	3.06 \pm 0.91	4.21 \pm 0.61	4.4 \pm 0.7	3.9 \pm 0.85
Self employment	62(13.7)	4.17 \pm 0.60	3.27 \pm 1	3.99 \pm 0.70	4.29 \pm 0.67	3.9 \pm 0.77
Technical	109(24.1)	4.16 \pm 0.62	3.11 \pm 0.89	4.09 \pm 0.68	4.38 \pm 0.64	4.01 \pm 0.81
Housewife	57(12.6)	3.51 \pm 0.41	2.9 \pm 0.46	3.89 \pm 0.57	3.73 \pm 0.47	3.71 \pm 0.70
P*	<0.001	<0.001	0.058	<0.001	<0.001	
X2	62.89	26.37	10.68	57.97	24.35	

*Kruskal Wallis

healthcare workers may be an additional stress factor. In this case, people who would like to continue their occupations naturally have to display a stronger point of view and activate their coping mechanism more strongly. The emphasizing the outlook on life in these occupations efficiently may be a result of their being able to evaluate events in respect to psychological and psychiatric education.

A similar situation can be considered for security staff as well. Working in shifts, mostly dealing with problematic people, and being part of operations may be requirements of the occupation. In this occupation, we observed that problem solving and ideal scores were high. This situation may be related to producing emergency solutions in various situations and their habit of reacting immediately and as required. In addition, it is obvious that sacrifices are necessary to continue this occupation, especially for someone with a high target/ideal. A highest number of deaths is seen in this occupation while responding to various events heroically. This situation reveals the presence of a high target/idealistic thought. At this point, we can understand the presence of a very high target/ideal thought.

We think that low scores in some occupations are related to having to cope with economic and life challenges rather than deficiencies on the personal level. We believe studies are needed to compensate

for the economic problems of various occupations that are trying to perform their duties with a high level of accuracy and sensitivity and that we entrust our lives to.

Another important point in our study is the low scores of housewives compared to almost every other occupation. We think that it is because housewives generally live away from external factors and within some restrictions. However, the increase in these scores revealed that some precautions have to be taken related to this group. Housewives should be encouraged to participate in various activities at home or in certain social environments. Recently many appropriate activities have started to be organized by institutions like family life centers and social activities geared towards family members of both sexes at all ages are provided. Certain activities at home, apart from housework, should be planned (making lace, carpet, paper flowers, etc.)

Conclusion

Occupation is an important factor for attitudes to challenges in life. Our study, revealing the attitudes of different occupation groups to facing challenges, determined that various precautions should be taken related to some occupation groups and guidance and social studies should be performed.

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References

1. Cohen S, Kessler RC, Cordon LU. Strategies for measuring stress in studies of psychiatric and physical disorders. In: Cohen S, Kessler RC, Gordon LU, editors. *Measuring Stress: A Guide for Health and Social Scientists*. New York: Oxford University Press; 1995; p.3-28.
2. Tunks E, Bellissimo A. *Behavioral Medicine: Concepts and Procedures*. Stress, life events, and coping. New York: Pergamon; 1991.
3. Tekin O, Göktaş O, Cebeci S. Yaşamın güçlüklerine karşı tutumların değerlendirilmesi. *Yeni Tıp Dergisi* 2009; 26: 79-84.
4. Steptoe A. Psychophysiological base of disease. In: Bellack AS, Hersen M, editors. *Comprehensive Clinical Psychology*. Amsterdam: Elsevier Science; 1998; p.39-78.
5. Epel ES, McEwen BS, Ickovics JR et al. Embodying psychological thinking: Physical thriving in response to stress. *J Soc Issues* 1998; 54: 301-22.
6. Lazarus RS, Folkman S. *Stress Appraisal and Coping*. New York: Springer; 1984.
7. Özgüven İE. *Çağdaş Eğitimde Psikolojik Danışma ve Rehberlik*. Ankara: Pdem Yayınları; 2001.
8. Binbaşıoğlu C. *Rehberlik*. Ankara: Binbaşıoğlu Yayınevi; 1986.
9. Keleşoğlu M. *Psikolojik Danışma ve Rehberlik*. Ankara: Özdemir Ofset Basın Yayın; 1996.
10. Nevzat T. *Stresi mutluluğa dönüştürmek. İş Stresi*. İstanbul: Timaş Yayınları; 2002..
11. Engel GL. The need for medical model: A challenge for biomedicine. *Science* 1977; 196: 129-36.
12. Wise TN. Psychiatric diagnosis in primary care: The biopsychosocial perspective. In: Leigh H, editor. *Biopsychosocial approaches in primary care: state of the art and challenges for the 21st century*. New York: Plenum Press; 1997.
13. İnci H . *Meslek gruplarına göre aile içi fonksiyonların araştırılması. Aile Hekimliği Uzmanlık Tezi*. Ankara. 2008; 26.
14. Baş T. *Anket*. Ankara: Seçkin Yayıncılık; 2003.
15. Trochin WM. *Research methods knowledge base-internal validity*. Cornell University. 2006.
16. Özdamar K. *Tıp biyoloji eczacılık ve diş hekimliği öğrencileri için SPSS ile biyoistatistik*. Kaan Kitabevi; 2001.
17. Seligman MEP. *Learned Optimism*. New York: Knopf; 1990.
18. Katschnig H. Are psychiatrists an endangered species? Observations on internal and external challenges to the profession. *World Psychiatry* 2010; 9: 21-8.
19. Kobasa SC, Maddi SR, Puccetti MC. Personality and exercise as buffers in the stress-illness relationship. *J Behav Med* 1982; 5: 391-404.
20. Syed MA, Jeanne PL. *Psychosocial influences on health*. Rakel: *Textbook of Family Medicine*, Saunders. 7th ed. Elsevier; 2007.
21. Sarafino EP. *Health psychology: biopsychosocial interactions*. New York; John Wiley & Sons; 1990.
22. Rodin J. Health control and aging. In: Baltes MM, Baltes PB, editors. *The psychology of control and aging*. Hillsdale, NJ: Erlbaum; 1986: 139-65.